

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000038

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

STATE FILE NUMBER

33

FILED FEB 4 1963

1. PLACE OF DEATH

a. COUNTY

Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)

Novinger

Length of stay in 1b

hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Adair

c. CITY

Novinger

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

Billy Creek Coal Mine

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

RFD

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First

Ernest

Middle

Pope

Last

4. DATE OF DEATH

Month

Day

Year

January 28, 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-7-1898

9. AGE (last birthday)

64

IF UNDER 1 YEAR IF UNDER 24 HR.

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Miner

10b. KIND OF BUSINESS OR INDUSTRY

Coal Mining

11. BIRTHPLACE (City and state or country)

Adair County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Pope

13b. MOTHER'S MAIDEN NAME

Cena Wimber

14. NAME OF HUSBAND OR WIFE

Bonnie Pope

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Bonnie Pope RFD Novinger, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

DUE TO (b)

Generalized Arteriosclerosis

DUE TO (c)

Aging Process

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

Did not attend at all last saw her alive on 9:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

D.O. 800 W. Jefferson, Kirksville, Mo. 1/29/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-30-63

23c. NAME OF CEMETERY OR CREMATORY

Pinkerton

23d. LOCATION (City, town, or county)

Adair County, Mo.

(State)

24. DECEASED'S ADDRESS

415 North Franklin

Kirksville, Missouri

25. DATE RECD. BY LOCAL REG.

1-30-1963

26. REGISTRAR'S SIGNATURE

Doris W. Pateff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

0010

2010

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121-2

131-0

Permitted Jan. 30, 1963
10-10-64

V. H. CASVEE, D.O., County Health Officer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed WM Jackson

Licensed Embalmer No. 3954

P. O. Address Kirkville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.